



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 1, 2004

Dear AIDS Provider,

The current influenza vaccine shortage raises many concerns for people living with HIV/AIDS, one of the priority groups to receive vaccination to avoid serious complications from influenza infection. This letter is to inform you of steps being taken by the New York State Department of Health (NYSDOH) to address this problem and to discuss the options that are available for influenza prevention and treatment for people living with HIV/AIDS.

1. Standard of care. The Federal government and NYSDOH are making every effort possible to ensure that priority groups, including people living with HIV/AIDS, have access to influenza vaccine. To ensure that existing vaccine is used only for priority groups, I have written to all health care providers directing them to strictly follow the 2004-05 interim influenza vaccination recommendations from the Centers for Disease Control and Prevention (CDC) (see attachment). These recommendations are now considered by the NYSDOH to be the “standard of care” in New York State. This means that providers could face possible sanctions for failure to follow the guidelines.
2. Vaccine supply. The NYSDOH continues to assess current vaccine supplies by surveying all regulated health care facilities. This information, along with information from CDC about their plan to allocate the remaining national supply of influenza vaccine, will enable existing stocks of vaccine to be directed to ensure that it reaches providers who have unvaccinated patients in the priority groups. The distribution of the current national supply will occur in the coming weeks. Additional vaccine doses from the CDC stockpile and possibly from international sources may become available in December or January. Based on the course of influenza during past years, this timeframe is not too late to vaccinate and protect people against influenza. Patience will be important as this distribution occurs. AIDS providers can help ensure that they will obtain vaccine by contacting the company from whom they ordered influenza vaccine, as well as their local county or city health department, and letting them know that they serve high risk, priority individuals and are still in need of influenza vaccine.
3. Influenza activity. There have been several recent reports of sporadic influenza activity in several communities and several outbreaks in nursing homes in New York, which is not unusual for this time of year. Influenza virus isolates have so far been of the same type as last year, and therefore the current vaccine should provide good protection. Although it is hard to predict the severity of the influenza season at this point, there is no current indication that this season will be unusually severe.

4. Antiviral medications. Effective antiviral medication exist that can help prevent influenza infection or lessen the severity of illness. The CDC has developed interim recommendations on the use of antiviral medications for the 2004-2005 influenza season (see attached). In general, people who are at risk for complications of influenza should be given priority for use of influenza antiviral medications.

There is little experience with use of antivirals for the prevention and treatment of influenza among patients with HIV. There is one report of the use of amantadine during an influenza outbreak at a residential facility for persons with HIV. The use of amantadine appears to have reduced illness severity (Fine AD et al. Influenza A among patients with HIV: An outbreak of infection at a residential facility in New York City. Clin Infect Dis 2001;32:1784-1791).

Amantadine has several drug-drug interactions; none are reported with antiretroviral medications. There are no data available on drug interactions for the other antivirals but all are believed to have low potential for drug-drug interactions.

These antiviral medications are covered by the State Medicaid Program and have been added on an emergency basis to the ADAP (AIDS Drug Assistance Program) formulary. Effective immediately, ADAP will cover these medications for clients on ADAP. ADAP clients must have a prescription from their physician to obtain antiviral medications.

5. Pneumococcal vaccination. Bacterial pneumonia is the most frequent complication of influenza infection, and pneumococcal pneumonia is one of the most common causes of bacterial pneumonia. A vaccine to prevent pneumococcal pneumonia is available. Persons with HIV/AIDS should receive one dose of pneumococcal polysaccharide vaccine (PPV), if they have not been vaccinated in the past. The AIDS Institute recommends revaccination for pneumococcal disease every 5-6 years for persons living with HIV. For further information on pneumococcal vaccine please visit the website of the National Immunization Program at CDC (www.cdc.gov/nip/). For more information on AIDS Institute clinical guidelines for pneumococcal vaccination of adults and children with HIV, go to www.hivguidelines.org.
6. Live Attenuated Influenza Vaccine (LAIV). LAIV, commercially available as FluMist®, is NOT recommended for people with HIV/AIDS. However, FluMist® may be used for health care workers caring for persons with HIV/AIDS who are age 5–49 years, are otherwise healthy, and are not pregnant. FluMist should not be used in health care workers working with severely immunocompromised patients in specialized care units (e.g. bone marrow transplant units). Contacts of severely immunocompromised persons should not get FluMist. A person immunized with FluMist must refrain from contact with a severely immunocompromised person for 7 days. Additional information on LAIV can be obtained from the CDC influenza website at www.cdc.gov/flu.

7. Other ways to prevent influenza. The NYSDOH is pursuing strategies to educate New Yorkers about the flu vaccine shortage and ways to reduce their risk from flu if they cannot get a flu shot. This educational campaign includes the following messages:
- **Hand hygiene and respiratory hygiene:** “Your Health is in Your Hands” and “Don’t Spread it Around” posters in English, Spanish, Chinese, and Russian. A children’s hand-washing poster is currently under development.
 - **What will work at work campaign:** Poster and paycheck envelope-stuffer attachment promoting hand and respiratory hygiene; staying home when you are sick; and practicing health behaviors that boost the immune system.
 - **Public Service Announcements (PSAs):** Two radio PSAs have been scripted and will be produced shortly: a "Save vaccine—save lives" spot promoting deferral of vaccination for healthy adults, and a hygiene spot.
8. More information available. Further information, including information on influenza activity and educational materials for downloading will be available on the NYSDOH public website <http://www.health.state.ny.us/nysdoh/flu/index.htm>. Health Alerts and additional information is posted on the department’s Health Provider Network/Health Alert Network (HPN/HAN) websites. Health care providers with questions about the vaccine supply or the CDC recommendations can contact their county/city health department, or the NYSDOH Immunization Program at 518-473-4437.
9. Health Provider Network (HPN) accounts. The HPN is the primary way that the Department communicates with regulated and grantee agencies. For information on obtaining an account for the Health Provider Network (HPN), contact Tammy Boehlke (tab05@health.state.ny.us) or Evelyn Somarriba (efs02@health.state.ny.us) by email, or call the AIDS Institute Information Systems Office at (518) 473-8459.

In this difficult period it is important for health care providers to talk to your patients with HIV/AIDS to provide them with the information contained in this letter. NYSDOH AIDS Institute will provide further information as it becomes available and weekly updates via the HPN/HAN and at www.hivguidelines.org

Thank you.

Antonia C. Novello, M.D., M.P.H., Dr. P.H.

A handwritten signature in dark ink, appearing to read "Antonia C. Novello M.D. M.P.H. Dr. P.H.", written in a cursive style.

Commissioner of Health

Attachments

1. CDC: Interim Influenza Vaccination Recommendations
2. CDC: Influenza Antiviral Medications: 2004-05 interim Chemoprophylaxis and Treatment Guidelines